Illinois Department of Public Aid

no.: H200-02-1

ILLINOIS MEDICAL ASSISTANCE PROGRAM
PROVIDER BULLETIN

March 29, 2002

TO: Participating Hospitals - Chief Executive Officers, Chief Financial Officers, and Patient Accounts Managers

RE: COVERAGE OF OUTPATIENT STEM CELL TRANSPLANTS
TRANSPLANT SERVICES GUIDE

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As a result of amendments to 89 Illinois Administrative Code Section 148.82, the Department will reimburse certified hospitals for outpatient stem cell transplants effective for service dates on or after November 1, 2001. A hospital must be certified to perform inpatient bone marrow and stem cell transplants in order to be considered for certification for outpatient stem cell transplants. Eligible hospitals interested in billing for outpatient transplants must meet the certification criteria in 89 Illinois Administrative Code Section 148.82(d)(1)(G) and are required to submit appropriate documentation for the additional certification. Please submit the documentation to:

Illinois Department of Public Aid
Bureau of Comprehensive Health Services
ATTN: Transplant Coordinator
201 South Grand Avenue East, Lower Level
Springfield, Illinois 62763

Certified hospitals must follow the transplant program guidelines as stated in the Handbook for Hospitals, Topic 203.2. Hospitals will be allowed a maximum of 50 consecutive days billable for an outpatient stem cell transplant. These 50 days include up to seven days prior to the actual transplant for infusion of chemotherapy. Payment will be made at 60% of the hospital's total covered charges for the appropriate number of days.

If a procedure from the Ambulatory Procedures Listing (APL) is performed or the patient is admitted to the hospital during the 50 consecutive days allowed, then the day that the APL procedure was performed or the date range of the inpatient stay must be shown as non-covered on the transplant claim, and the charges associated with those services must be shown as non-covered. This will allow the hospital to submit a separate UB-92 for the APL procedure or inpatient stay and be eligible to receive the appropriate reimbursement.

Outpatient Stem Cell Transplant Claim Requirements:

FL 4 Type of Bill should be a "131"

FL 6 Report "From" and "Through" dates that identify the first day of treatment and the last day of treatment

Any date(s) when an APL procedure was performed and/or an inpatient stay occurred must be shown as non-covered in:

FL 8	Non-covered Days
FL 36	Occurrence Span (use code 74)
FL 48	Non-covered Charges

FL 81 (A through E) Any procedure associated with a non-covered day(s) **must not** be entered on the claim. List only the procedure codes associated with the transplant.

This bulletin and replacement pages for the Handbook for Hospitals referencing the transplant coverage changes are available on the Department's website at **http://www.state.il.us/dpa/** The revisions in the replacement pages are identified by a "=" to the left of the amended text. Please note that the Handbook for Hospitals is not currently available on the website.

Paper copies of the replacement pages, as well as an entire handbook, may be obtained by written request. To ensure delivery, you must specify a physical street address when requesting a paper copy. You may submit your written request to the address below, or fax or e-mail it as noted:

Illinois Department of Public Aid
Provider Participation Unit
Post Office Box 19114
Springfield, Illinois 62794-9114

Fax Number: (217) 557-8800 / E-Mail Address: **PPU@mail.idpa.state.il.us**

The Transplant Services Guide, Appendix H-25 of the Handbook for Hospitals, has also been updated. The guide contains a listing of all certified transplant centers and other information such as names and telephone numbers of hospital staff contacts, patient age groups served, and diagnoses for which a transplant may be indicated. The Transplant Services Guide is also posted to the Department's website at **http://www.state.il.us/dpa/** Since the guide will be updated periodically, hospitals are asked to refer to the website for the most current information. If a paper copy is needed, please contact the Transplant Coordinator at (217) 782-5565.

Instructions for updating the Handbook for Hospitals:

Remove pages II-H-35, II-H-36, II-H-37, and II-H-38 dated October 1996 and replace them with the revised pages II-H-35, II-H-36, II-H-37, and II-H-38 dated March 2002.

Remove Appendix H-25 dated December 1998 in its entirety. Refer to the Department website for the most current Transplant Services Guide.

H-203.13 DD/MI Non-Acute Care-Hospital Residing (Category of Service 39)
All claims and documentation of these services should be mailed to :

Illinois Department of Public Aid
Bureau of Claims Processing
UB 92 Special Handling Invoices
P.O. Box 19133
Springfield, Illinois 62794-9133

Hospitals must complete separate invoices when a patient's category of service changes from acute inpatient care to DD/MI Non-Acute Care-Hospital Residing.

H-203.14 Subacute Alcoholism and Substance Treatment Services

Sub-acute alcoholism and other drug abuse treatment is a covered service for clients under Title XIX (Medicaid) and for children age 13 to 18 in Family and Children Assistance cases in the City of Chicago. (Refer to Topic H-271).

Only acute alcoholism and substance abuse treatment services (detoxification) are covered as hospital services. Regulations regarding reimbursement for subacute alcoholism and substance abuse treatment services may be found in 89 Illinois Administrative Code 148.340 through 148.390.

H-203.2 Transplant Program

= The Department will cover organ transplants as identified in 89 Illinois Administrative Code 148.82 under subsection (b) and provided to United States citizens or aliens permanently residing in the United States under color of law pursuant to 42 U.S.C. 1396a(a) and 1396b(v). Such services must be provided by certified organ transplant centers which meet the requirements specified in 89 Ill. Adm. Code 148.82 subsections (c) through (h).

= Payment will be made at 60% of the hospital's usual and customary charges for the appropriate number of days as outlined in 89 Ill. Adm. Code 148.82. Payment for inpatient bone marrow transplants includes 50 consecutive inpatient hospital days (including a maximum of seven days prior to transplant for infusion of chemotherapy). Payment for inpatient or outpatient stem cell transplants also includes 50 consecutive days of care.

= Solid organ transplants (heart, heart/lung, single lung, double lung, liver, kidney/pancreas, pediatric small bowel and liver/small bowel) must be billed starting with the day of transplant. Inpatient hospital days prior to transplant must be billed on an interim claim. Post-transplant care extending past the allowable days as per 89 Ill. Adm. Code section 148.82 will be paid at the applicable MHVA and Disproportionate Share rates, not 60% of total charges.

H-203.2 Transplant Program (continued)

= Payment for kidney and cornea transplants does not require enrollment as an approved transplantation center. Payment for kidney and cornea transplants is made at the Department's applicable DRG or per diem rate for the hospital.

H-203.21 Covered Transplant Services

= Bone marrow, stem cell, pediatric small bowel and liver/small bowel, heart, heart/lung, lung (single or double), liver, pancreas, kidney/pancreas and other types of transplant procedures may be covered provided the hospital is certified by the Department to perform the transplant.

Bone Marrow Searches

= The Department will cover bone marrow searches for bone marrow transplant services. See Ill. Adm. Code 148.82 (g)(5).

H-203.22 Certification Process

= To be certified to receive reimbursement for transplants performed on Medical Assistance or KidCare patients, a hospital must complete an application. Inquiries may be forwarded to:

= Illinois Department of Public Aid
Bureau of Comprehensive Health Services
Attention: Transplant Coordinator
201 South Grand Avenue East
Springfield, Illinois 62763-0001
(217) 782-5565

The hospital must meet the established certification criteria as described in 89 Ill. Adm. Code 148.82 (d). Once certified, the Department will conduct an annual review to recertify the transplant center. Refer to Appendix H-25 for those centers certified by the Department to provide covered transplant services.

H-203.23 Notification of Transplant

The certified transplant facility must notify the Department in writing prior to performance of the transplant procedure. This notification must include the admission diagnosis, pre-transplant diagnosis and the initial work-up summary of medical findings. The Department will notify the hospital regarding receipt of the notification and provide the appropriate "patient tracking" forms to the hospital.

H-203.24 Reimbursement

= Hospital reimbursement for transplants covered under 89 Ill. Adm. Code 148.82 is an all-inclusive rate, regardless of the number of days of care associated with the admission, or, in the case of outpatient stem cell transplants, the number of days of outpatient services. Reimbursement is limited to a maximum of 60 percent of the hospital's usual and customary charges to the general public for the same procedure for the number of days listed below for specific types of transplant:

= 1) A maximum of 30 consecutive days of inpatient care for heart, heart/lung, lung (single or double), pancreas, or kidney/pancreas transplant;
= 2) 40 consecutive days of inpatient care for liver transplant;
= 3) 50 consecutive days for inpatient bone marrow transplant, and inpatient or outpatient stem cell transplant;
= 4) 70 consecutive days of inpatient care for pediatric intestinal (small bowel or liver/small bowel) transplant;
5) For other transplants the number of consecutive days of inpatient care is as specified within the transplant certification process.

= Reimbursement will be approved only when the Department's letter acknowledging the notification of the proposed transplant procedure and the discharge summary are attached to the hospital's claim. Hospital claims will not be processed unless the acknowledgment letter and discharge summary are attached.

Hospital reimbursement for bone marrow searches is limited to 60 percent of charges up to a maximum of $25,000. Payment for bone marrow searches will only be made to the certified center requesting reimbursement for the bone marrow transplant.

Outlier/Disproportionate Share:

Applicable outlier payments will be made in accordance with 89 Illinois Administrative Code 148.130.

Applicable disproportionate share payments will be in accordance with 89 Illinois Administrative Code 148.120 (g).

H-203.25 Reporting Requirements of Certified Transplant Center

Patient Tracking

The center must submit reports and summaries to the Department as required in 89 Illinois Administrative Code 148.82 (h), including discharge summaries for each Medicaid patient, statistical information on all transplant patients annually from date of transplant, and other required data.

H-204 **SERVICES NOT COVERED IN THE MEDICAL ASSISTANCE PROGRAM**

Services for which medical necessity is not clearly established are not covered by the Medical Assistance Program. See Chapter 100, Topic 103 for services and supplies for which payment will not be made.

Additionally, the following hospital services are excluded from coverage in the Medical Assistance Program and payment cannot be made for the provision of these services.

1) Services prohibited by Illinois or Federal Statutes.
2) Services available without charge.
3) Care provided by or in Federal hospitals.
4) Care provided by a hospital located in Illinois which is not enrolled in the Medical Assistance Program.
5) Experimental medical or surgical procedures.
6) Autopsy examination.
7) Research-oriented procedures.
8) Medical or surgical transsexual treatment services.
9) Diagnostic and/or therapeutic procedures related to primary infertility/sterility.
10) Services associated with attempts to restore fertility subsequent to sterilization.
11) Services associated with a hysterectomy performed solely for the purpose of rendering an individual incapable of reproducing (see Topic H-213.24 for additional clarification).
12) Abortion, except in accordance with 89 Illinois Administrative Code, Section 140.413(A)(1).
13) Services associated with examinations required for the determination of eligibility for assistance. Local Public Aid offices may request that these examinations be provided with payment from non-medical funds. Hospitals are to follow specific billing procedures given when such a request is made.
14) Acupuncture.
15) Preventive services, with the exception of those provided through the Healthy Kids Program for children through age twenty including required school examinations and for clients enrolled in the healthy Moms/Healthy Kids.